



Los Angeles County Department of Health Services

CRT Best Practices in Safety

In- Field De-escalation

Approach and Strategies



*For DHS HFH Use Only –
Internal and Approved Partners*

De-Escalation

- A crisis can happen any time, regardless of preparation
- Some of our clients are at an increased risk for entering a crisis cycle. This is because of a greater propensity for interpersonal trauma histories, brain injuries, intellectual disabilities, mental illness, substance use, history of violence and many other reasons. People who feel unsafe, behave unsafe.
- Recognize signs of escalation, such as tight facial muscles, clenched teeth, deep or fast breathing, hands in fists, quick pacing, loud voice, verbal anger, increased energy or disorganized thoughts. Recognize and understand potential triggers.



If De-Escalation is Needed:

- Remain calm and avoid over-reacting. Speak simply and calmly; move slowly.
- Be friendly, patient, accepting and encouraging, but also firm and professional.
- Indicate a willingness to understand and help. Be empathetic and use active listening. Apologize if appropriate.
- Help the person identify the crisis. Recognize that a person may be overwhelmed by sensations / thoughts / beliefs / “voices”.
- Respect personal space. Remove distractions, upsetting influences and disruptive people from the scene.
- Assess the person’s usual coping mechanisms.



If de-escalation is not possible or the situation becomes dangerous

- Leave with all your team members
- As appropriate and when it is safe to do so, call 911
- Notify your supervisor and complete an incident report



Emergency Best Practices

Protocols and Strategies



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Witnessing Violence – Best Practices

- In street-based settings make sure you and all team members are a safe distance from the incident
 - Regroup and make sure all team members are accounted for
 - If medical aid is needed and desired by the victim, call 911. **DISCUSS WITH YOUR HUDDLE/SUPERVISOR** as the encampment/victim and others may be severely impacted.



Witnessing Violence - When to call 911

- Gunshot wound, victim bleeding:
- If someone is unconscious and non-responsive
- If you identify an immediate threat to life
- Administration of Narcan
- Acute momentary altered consciousness i.e., cannot remember their name or date after some sort of head trauma
- If you offer a 911 service to a client but determine they are unable to consent to receive or decline the call



Witnessing Violence – Alternative to calling 911

- Victim is superficially wounded the victim can decide/decline support and be transported away from the encampment for medical aid
- If you witness domestic violence that you believe will not result in loss of life, consult with the victim on their options
- The victim can be transported to file a police report and be counseled on expectations for the report and the process
- Call your supervisor to discuss if reporting is appropriate, if medical aid was not applicable.
 - Report to supervisor any violence witnessed in the field by the end of the day
 - Complete an incident report within 24 hours



Witnessing Weapons

- If in a street-based setting you witness a firearm in the field or assess a threat to you or staff from a person holding a weapon remove yourself and team from the situation and vicinity immediately
 - Regroup and make sure all team members are accounted for
 - Call 911 if there is an imminent threat
 - Call your supervisor as soon as it is safe to consult and determine next steps
 - Complete an incident report within 24 hours
- If in a Shelter, PRK, PHK, PSH, Access Centers you witness a firearm or witness other weapons and think there is the potential for violence notify the nearest staff and remove yourself and team from the situation and vicinity immediately
 - Regroup and make sure all team members are accounted for
 - Call 911 if there is an imminent threat
 - Call your supervisor as soon as it is safe to consult and determine next steps
 - Complete an incident report within 24 hours



Threats to Staff

- Evaluate the situation
 - If you believe there is an opportunity to avoid further escalation or that there is not a threat to your or your team's safety consult with field POC and your teammates and determine next steps
 - Regroup evaluate the situation and come to a decision of whether you should leave the vicinity
 - if you believe there is an imminent threat to your safety immediately remove yourself and team from the situation and vicinity immediately
- Regroup and make sure all team members are accounted for
- Call 911 if threat to safety is imminent
- Call your supervisor as soon as it is safe to consult and determine next steps
- Complete an incident report within 24 hours



Staff Injury

- Call 911 if there is an imminent threat to safety or emergency medical transportation is needed
- Seek medical services as needed. If team member is injured and it is safe to do so, provide first aid
- Call your supervisor as soon as it is safe to consult and determine next steps.
- Complete an incident report within 24 hours



Reporting, Documentation and Next Steps

Protocols



Reporting and Documentation

- Any time there is a safety incident, injury or threat of injury to a workforce member, patient, or partner an [MS Forms Incident Report](#) must be filled out electronically by all team members present
- The incident report should be submitted within 24 hours whenever possible.
- For Street Medicine if the disturbance involves a patient, it should be documented in Safety Intelligence



Incident Reporting and Responsibilities

- Programmatic POCs are primarily responsible for completing incident reports concerning safety incidents, injury or threat of injury to a workforce member, patient, or partner. They should debrief with all parties' witness to incident and file report based on collected information.
- Clinical POCS are primarily responsible for completing incident reports concerning Medical Incidents. They should debrief with all parties' witness to incident and file report based on collected information.



Programmatic Safety Examples

- Reportable safety incidents can include but are not limited to the following:
 - Criminal behavior that results in law enforcement involvement. This could include incidents that do not result in an arrest or prosecution.
 - Domestic violence/intimate partner violence. This could include incidents that are not reported to law enforcement.
 - Assaultive behavior towards staff, fellow patients/clients or others that occurs during working hours. This could include incidents that do not result in arrest or prosecution.
 - Any cases where incidents are reported as the result of mandatory reporter responsibility of staff. This includes reports to VAERS, DCFS or APS.
 - Medical or mental health episode that are of concern, including overdose reversal by use of Narcan.
 - If you witness a weapon in the field that poses a threat to you or staff
 - Clinical POCS are primarily responsible for completing incident reports concerning medical incidents.



Medical incident examples:

- Vaccine Administration Errors:
 - Incorrect vaccine type
 - Incorrect dose
 - Not in accordance with current guidelines
- Incidents that fall under mandated medical reporting. This includes reports to VAERS, DCFS or APS.
- Activating EMS



**** If incidents occur during CHW outreach with no programs or clinical leads present than CHWs should work with CHW PMs to fill out incident report following all appropriate guidelines.**



Incident Reporting Steps

- As soon as it is safe to do so notify your supervisor of the incident
- Fill out the Report of Incident form within 24 hours. [MS Forms Incident Report](#)
- Within 24 hours Send notification of completed Incident Report form to vaxincidentreport@dhs.lacounty.gov.
- Your supervisor will follow up with next steps



Incident Report MS Forms

- <https://forms.office.com/Pages/ResponsePage.aspx?id=SHJZBzjqG0WKvqY47dusgf0ANWIVEnpGjfEr0benrVZUMlpTRIRON1IwSEpXUkpTUIFGMURKNUZMRC4u>

CRT Incident Report

Hi, Jose. When you submit this form, the owner will see your name and email address.

* Required

Incident Report Intake Information

1. Nature of the Incident: *

- ☐ Staff Injury
- ☐ "Near Miss" Incident
- ☐ Client Incident
- ☐ Non-Physical Hostility (verbal threat/aggression)
- ☐ Lost/Stolen Property
- ☐ Criminal behavior that results in law enforcement involvement
- ☐ Domestic violence/intimate partner violence
- ☒ Assaultive behavior towards staff, fellow patients/clients or others
- ☐ Any cases where incidents are reported as the result of mandatory reporter responsibility of staff
- ☐ Medical or mental health episode of concern
- ☐ Other

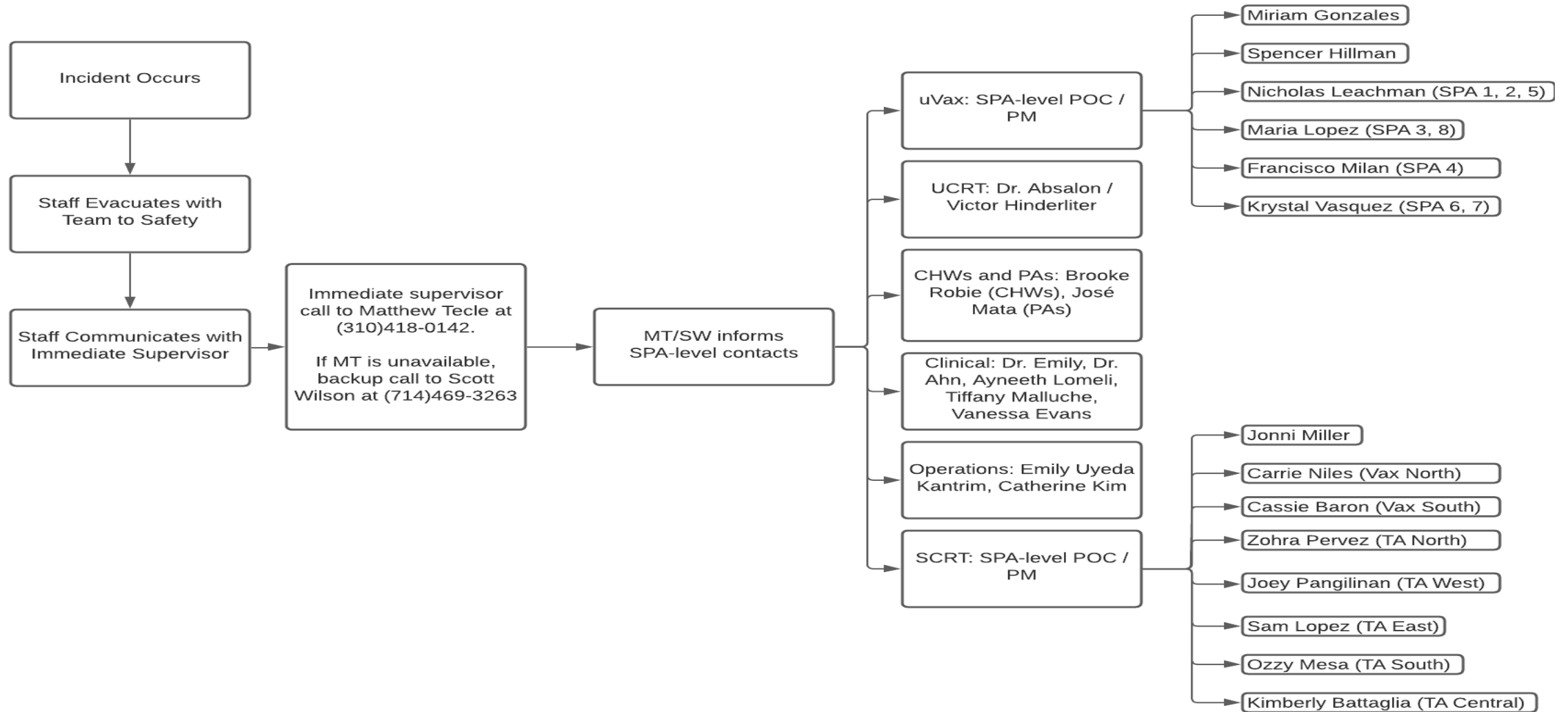


Supervisor Reporting

- Once an incident has been reported call/email Matthew Tecle mtecle@dhs.lacounty.gov (310)418-0142 as soon as able (by end of day)
 - Secondary contact should Matthew Tecle not be available is Scott Wilson at (714)469-3263 and swilson@dhs.lacounty.gov
- Matthew/Scott will distribute this information to the SPA level contacts based on the following flow chart : [SPA Level Flow Chart](#)
 - Each supervisor from SPA Level Contacts is then responsible for communicating the incident to the appropriate staff
 - Each incident should be reviewed by the individual supervisors, supervisors should determine the impact that the incident will have on the individual services offered by their team by region and incident
- CCC team will communicate the findings from the evaluation



Incident Reporting Flow Chart



Supervisor Follow Up

- After evaluating and if needed supervisors from affected teams should develop a plan to address and process potential traumas
 - Supervisors should work with CRT leadership to plan an in-person team debrief with team and Sr. Management as soon as able
 - Do not feel like you are alone and need to solve anything on your own
 - Whenever possible debrief should happen within 24 hours and by end of day if reasonable
- Supervisor should build a workplan for any members of staff who were affected, this can include augmented field duties, limited field duties, time off and individualized processing sessions



Field Scenarios

Scenario One

- While doing vaccine outreach you are engaging a couple of clients in a large encampment. You notice one client who you are not engaging has begun breaking glass bottles by throwing them in the air.

What do you do?

Do a group safety assessment with team (identify source and nature of threat, come to a team consensus)

Is the client far enough, are they in their own world?

If no threat is assessed continue with the outreach.

If threat is assessed than regroup with group and continue outreach elsewhere.



Field Scenarios

Scenario Two

- You are scheduled to do a Roving Vaccine Clinic. Your first stop is two large encampments separated by a large boulevard and along opposite sides of the freeways. Your team arrives early and notices a PEH holding what they think is a fire-arm at one of the encampments.

What do you do?

Regroup with team members** if appropriate go to location agreed upon during prehuddle

Account for all team members

Leave the immediate vicinity

Call supervisor and inform of the incident

Complete an incident report within 24 hours



Field Scenarios

Scenario Three

- While doing education outreach a community member stops to harass the CRT teams about the encampments. They claim that you are enabling the presence of the PEH in their neighborhoods.

What do you do?

Assess the situation is there a threat?

Remain calm attempt to deescalate

Identify the source of frustration, empathize and redirect rely on team members if necessary

If you can De-escalate proceed with outreach

If you are not able to de-escalate regroup with your team and leave the vicinity

Call your supervisor and inform of the incident

Complete an incident report within 24 hours



Field Scenarios

Scenario Four

- While doing education outreach you are separated from the rest of your team. You and a partner are providing a vaccine card to a client. A PEH who you are not engaging begins staring at you, you notice and look at them at which point they threaten you and you notice they are holding a wooden stick that can be used as a weapon.

What do you do?

Remain calm, say your safety word to your partner

Explain to the person you are helping that you will have to come back

Remove yourself and partner from the situation, regroup with team

Conduct a group safety assessment – determine next steps

Notify supervisor of the incident

Complete an incident report within 24 hours

